

ASO Nomination Form

Administrative Information

Last Name:		First Name:		M.I.:	
SSN (Last 4):		MOS:			
Pilot <input type="checkbox"/> NFO <input type="checkbox"/>		T/M/S:			
Phone Number:		Unit&MAG Submitting:			
Primary ASO: Yes <input type="checkbox"/> No <input type="checkbox"/>		ASO Course to attend (Ex. ASO 11-01):			
Date Assuming Billet:		Email address:			

Professional Information

1. Rank:		<input type="checkbox"/> Check box if minimum requirement is not met; requires waiver*
Minimum Requirement: Captain		
2. Date of Rank:		
3. Date Designated Naval Aviator or NFO:		
4. Date joined present squadron:		
5. Flight Leadership Designation:		<input type="checkbox"/> Check box if minimum requirement is not met; requires waiver*
Minimum requirements for Flight Leadership Designation:		
KC-130 Naval Aviator designated Transport Plane Commander		
UAS Operator designated Mission Commander		
All Other Naval Aviators designated Section Leader		
6. Total hours:		<input type="checkbox"/> Check box if minimum requirement is not met; requires waiver*
NFOs minimum requirement of 750 hours total time		
7. Hours in model:		
8. Complete List of flight designations (Section Lead, LATT I, NATOPS I, etc.):		*If waiver is required, submit as an electronic attachment with this form.
9. Complete list of past and current flight qualifications (LATT, TERF, NSQ, etc.):		
10. Current billet in squadron with inclusive dates:		
11. Previous billets in squadron with inclusive dates:		

Deployment Experience

Location of last deployment with inclusive dates and billet(s) held while deployed:	
Location of previous deployment(s) with inclusive dates and billet(s) held while deployed:	

Justification and Extenuating Circumstances/Additional Comments:

☐ MAG/Station Commanding Officer waiver included